PTO/SB/06 (07-06)

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U.S. Patent and Tradent Affice; U.S. Debart Affice; U.S. Debart Chica; U.S.

| PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875   |   |   |                                      |   |                  |   | Application or Docket Number<br>10/627,092 |                        |          | ing Date<br>25/2003        | To be Mailed           |  |
|---|---|---|--------------------------------------|---|------------------|---|--|------------------------|----------|----------------------------|------------------------|--|
| APPLICATION AS FILED – PART I (Column 1) (Column 2)   |   |   |                                      |   |                  |   | SMALL ENTITY                               |                        |          | OTHER THAN OR SMALL ENTITY |                        |  |
| Н   | FOR   |   | NUMBER FILED                         |   | NUMBER EXTRA     |   | RATE (\$)                                  | FEE (\$)               | <u> </u> | RATE (\$)                  | FEE (\$)               |  |
|   | BASIC FEE   | $\neg$                                    | N/A                                  | LD NO   | N/A              |   | N/A  | TEE (a)                | l        | N/A                        | TEE (0)                |  |
| $\overline{}$   | (37 CFR 1.16(a), (b), s<br>SEARCH FEE                                     | or (c))                                   | N/A                                  |   |                  |   |  |                        | ł        | <del></del>                |                        |  |
| H   | (37 CFR 1.16(k), (i), (ii)  |   | N/A                                  |   | N/A              |   | N/A  |                        | l        | N/A                        |                        |  |
| TO  | (37 CFR 1.16(o), (p), (   |   | N/A                                  |   | N/A              |   | N/A  |                        | ١        | N/A                        |                        |  |
| (37   | CFR 1.16(i))<br>DEPENDENT CLAIM   | e   | minus 20 =                           |   |                  |   | x \$ =                                     |                        | OR       | x \$ =                     |                        |  |
| (37   | CFR 1.16(h))  |   | minus 3 = *                          |   | •                |   | x \$ =                                     |                        | ı        | x \$ =                     |                        |  |
|   | APPLICATION SIZE<br>(37 CFR 1.16(s))                                      | FEE shee<br>is \$2<br>addit               | ts of pap<br>50 (\$125<br>ional 50 : | gs exceed 100<br>in size fee due<br>for each<br>in thereof. See<br>CFR 1.16(s). |                  |   |  |                        |          |                            |                        |  |
|   | MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))                         |   |                                      |   |                  |   |  |                        | 1        |                            |                        |  |
| * If  | * If the difference in column 1 is less than zero, enter "0" in column 2. |   |                                      |   |                  |   |  |                        | 1        | TOTAL                      |                        |  |
|   |   |   |                                      |   |                  |   |  |                        | ER THAN  |                            |                        |  |
| AMENDMENT   | 10/27/2006  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |          | RATE (\$)                  | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1.18(i))   | • 21                                      | Minus                                | <del></del> 21  | = 0              | 1 | x \$ =                                     |                        | OR       | X \$50=                    | 0                      |  |
|   | Independent<br>(37 CFR 1.16(h))   | • 5                                       | Minus                                | •••5  | = 0              | 1 | x \$ =                                     |                        | OR       | X \$200=                   | 0                      |  |
|   | Application Size Fee (37 CFR 1.16(s))                                     |   |                                      |   |                  |   |  |                        |          |                            |                        |  |
| _   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))           |   |                                      |   |                  |   |  |                        | OR       |                            |                        |  |
|   |   |   |                                      |   |                  |   | TOTAL<br>ADD'L<br>FEE                      |                        | OR       | TOTAL<br>ADD'L<br>FEE      | 0                      |  |
| (Column 1) (Column 2) (Column 3)  |   |   |                                      |   |                  |   |  |                        |          |                            |                        |  |
| AMENDMENT   |   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                                      | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR                                     | PRESENT<br>EXTRA |   | RATE (\$)                                  | ADDITIONAL<br>FEE (\$) |          | RATE (\$)                  | ADDITIONAL<br>FEE (\$) |  |
|   | Total (37 CFR<br>1,16())  |   | Minus                                |   | =                | l | x \$ =                                     |                        | OR       | x \$ =                     |                        |  |
|   | Independent<br>(37 CFR 1,16(h))   |   | Minus                                | ***   |                  |   | x \$ =                                     |                        | OR       | x \$ =                     |                        |  |
| Ш   | Application Size Fee (37 CFR 1.16(s))                                     |   |                                      |   |                  |   |  |                        | ]        |                            |                        |  |
| AM  | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))           |   |                                      |   |                  |   |  |                        | OR       |                            |                        |  |
| Γ   |   |   |                                      |   |                  |   |  |                        | OR       | TOTAL<br>ADD'L<br>FEE      |                        |  |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  " If the "Highest Number Previously Paid For "N THIS SPACE is less than 20, enter "20".  "If the "Highest Number Previously Paid For "N THIS SPACE is less than 3, enter "3".  The "Highest Number Previously Paid For "(Total or independent) is the highest number found in the appropriate box in column 1. |   |   |                                      |   |                  |   |  |                        |          |                            |                        |  |

This collection of information is equated by 37 CER 1.10. The information is required to obtain or retain a benefit by the public which is in life (and by the USETO to noceess) an implication. Confidentially is governed by 85 USE v. 22 and 37 CER 1.4. If this collection is estimated to state 2 relaminate to complete in exident gradients in estimated to the size 2 minutes to complete in exident gradients, preparing, and submitting the completed application form to the USETO. Time will very depending upon the individual case. Any comments on the amount of time you require to complete this form and/or segregations form double to sent of the CENTED (Finewall be sent to the CENTED (Finewall be sent to the CENTED FORMS TO THIS DEPARTMENT OF THE STATE OF T